(S) TRANSMITTAL

,	\o\'	4	/	PART B - FEE(S) TR
Complete and send	this fort	n, togeth	ĕ \	ith applicable fee(s), to: Mail
(OCT	3 1 2005	(بر	
1	\ <u>a</u>		Æ/	

OF

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

	13	∞3 9/		or <u>Fax</u>		1) 273-2885					
INSTRUCTIONS: This appropriate. All further cindicated unless correcter maintenance fee notification.	d below o	for transence including the F r directed otherwise	mitting the ISSU atent, advance ordin Block 1, by (a)	E FEE and PUE lers and notifical specifying a ne	ELICATION of most corresponding	ON FEE (if requiaintenance fees voondence address	ired). Blocks 1 to vill be mailed to and/or (b) indic	hrough 5 sh the current ating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for		
CURRENT CORRESPONDE	NCE ADDRI	ESS (Note: Use Block I for a	ny change of address)		Note	: A certificate of	mailing can onl	y be used fo	or domestic mailings of the		
					pape	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompa papers. Each additional paper, such as an assignment or formal drawing,					
24956	7590	08/01/2005			have	have its own certificate of mailing or transmission.					
MATTINGLY, 1800 DIAGONA SUITE 370	L ROAI	D	& BRUNDIE	OGE, P.C.	State addr	eby certify that the Postal Service vessed to the Mai	with sufficient po 1 Stop ISSUE F	ittal is being stage for firs EE address	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.		
ALEXANDRIA,	VA 223	014							(Depositor's name)		
									(Signature)		
									(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE F.			TRST NAMED INVENTOR			ATTORNEY DO	CKET NO.	CONFIRMATION NO.		
09/635,449		08/10/2000		Kimiya Yamaashi			NIP18	9	6477		
TITLE OF INVENTION:	DIGITAL	BROADCASTING	SYSTEM FOR PF	ROVIDING PRO	GRAM A	ND DATA TO A	VEHICLE	•			
APPLN. TYPE	Si	MALL ENTITY	ISSUE FE	E	PUBLIC	CATION FEE	TOTAL FEE(S) DUE		DATE DUE		
nonprovisional		NO	\$1400			\$0	\$1400)	11/01/2005		
EXAMINER			ART UNI	ART UNIT		SUBCLASS]				
RAMOS FELICIANO, ELISEO			2687		-526000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, AMATTINGLY, STANGER, MALUR & BRUNDIDGE, P							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form				(2) the name of registered atto	e firm (having as a gent) and the nam	nes of up to		& BRONDIDGE, 1			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is 3							
3. ASSIGNEE NAME AN	ND RESID	ENCE DATA TO B	E PRINTED ON T	HE PATENT (pr	rint or typ	e) 11/01/	PANS MACYENCA	ผมสมเสดเลว	80675880		
PLEASE NOTE: Unle recordation as set forth	ss an assi in 37 CFI	gnee is identified be R 3.11. Completion of	low, no assignee of of this form is NOT	lata will appear 'a substitute for t	on the pa filing an a	itent. If an ásstár issignment.	lee is idehnified 4	oelow, file d	ocument has been filed for		
PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT (A) NAME OF ASSIGNEE (B)				NESIDENCE: (CITY and STATE (QRICOLNERY) 1400,00							
Hitachi, Ltd.	•			Tokyo, Ja	pan						
Please check the appropria	ate assigne	e category or categor	ies (will not be pri	nted on the pater	nt): 🗖	Individual 🗓 C	orporation or oth	er private gro	oup entity Government		
4a. The following fee(s) a	re enclose	d:	4b	Payment of Fee	• •						
<u></u>				A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Advance Order - # of Copies				Payment by credit card. Form PTO-2038 is attached.							
☐ Advance Order - #	of Copies	·		Deposit Account	r is hereb t Number	50-141	harge the require (enclo	se an extra c	credit any overpayment, to opy of this form).		
5. Change in Entity State a. Applicant claims	•			☐ h Applicant	is no lone	ger claiming SMA	LL ENTITY state	us. See 37 C	FR 1 27(a)(2)		
						· · · · · · · · · · · · · · · · · · ·			ation identified above. ne assignee or other party in		
Authorized Signature _			//			Date 0	tober 31				
Typed or printed name Sharingth Walut					Registration No						
This collection of informa an application. Confidenti	tion is req	uired by 37 CFR 1.31 verned by 35 U.S.C.	1. The information 122 and 37 CFR 1	is required to of	btain or re	etain a benefit by	the public which minutes to comp	is to file (and lete, including	d by the USPTO to process)		

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.